

VILLE DE MARIE ACADEMY
7940 E. Roosevelt Street, Scottsdale, AZ 85257
(480) 947-9441 ■ Fax (480) 990-8284

SIBLING QUESTIONNAIRE

Date: _____ Applying for Grade: _____ School Year: _____

Applicant's Name: _____
Last First Middle

Preferred Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Current Age: _____ Place of Birth: _____

Country of Citizenship: _____ Native Language: _____

Religious Preference: _____ Parish or Church: _____

Dates of: Baptism: _____ Communion: _____ Confirmation: _____

FAMILY INFORMATION

Father's Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

Mother's Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

SCHOOL HISTORY

List names of schools applicant has attended (An Official Transcript will be necessary before admission). If applicant has been home-schooled, please list length of time, grade levels, and curricula used.

School:	Location:	Attendance Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever skipped a grade? _____ If so, what grade? _____ Repeated a grade? _____

If so, what grade? _____ Does applicant have any diagnosed physical or learning disabilities? _____

If yes, please describe: _____

Has/he she had academic problems? _____ If so, in what areas? _____

If you are transferring, why do you wish to transfer? _____

MEDICAL INFORMATION

Does applicant suffer from any specific health conditions that we should be aware of? _____

Please explain: _____

Does he/she require any special attention? _____

Is he/she currently taking any medication? _____ If so, what kind? _____

Has applicant ever had an operation? _____ If so, what kind and at what age? _____

Has he/she had a serious injury? _____ If so, what kind and at what age? _____

Has applicant stayed home from school repeatedly or for long periods due to illness? _____

Please explain: _____

Has applicant ever received special attention or evaluation from a psychologist, therapist or counselor? _____

If yes, please list date, name and address of consultants and describe situation briefly: _____

PARENT QUESTIONNAIRE

In order for us to get to know you and your child better, please answer the following questions:

What would you say are your child's main assets, qualities, strengths and talents (academically, socially, physically, and/or morally)?

I hereby certify that all information provided on this application and all information given to Ville de Marie Academy, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Furthermore, I understand that all information submitted to Ville de Marie Academy is confidential and that the Director of Admissions may disclose, for official purposes, any information received from the applicant according to his discretion.

Parents' or Guardians' Signatures:

Date:

Checklist: Requirements for Admission

We must receive the following items to consider your application:

____ Completed Application Form

____ Copy of Birth Certificate

____ Copies of any Report Cards or Standard Tests from previous schools

____ Copy of Baptismal Certificate

____ Letter of Recommendation for children entering 7th, 8th, and 9th grades

____ Immunization Records



OFFICE USE ONLY:

Accepted: _____

Not Accepted: _____

Enrollment Fee Pd. _____ Date _____ Ck# _____

Comments: _____

STUDENT QUESTIONNAIRE

Please answer the following questions if entering the third grade or above: (optional for younger grades)

What hobbies, sports, and activities do you most enjoy outside of school?

What is your favorite academic subject and why?

Please describe an event that has had a special impact or significance in your life?
